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Florida Department of State
Division of Corporations
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L. SELLERS

JUL 31 2008

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4908 - C SW 72ND AVENUE
MIAMI, FL 33156

Mailing Address:

4908 - C SW 72ND AVENUE
MIAMI, FL 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

EMERSON CARMONA

Name

4908 - C SW 72ND AVENUE

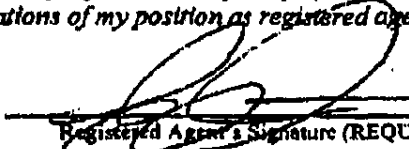
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33155

FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

WILFREDO E MARTINEZ
4908 - C SW 72ND AVENUE
MIAMI, FL 33155

MGR

LUIS E MEJER JR
4908 - C SW 72ND AVENUE
MIAMI, FL 33155

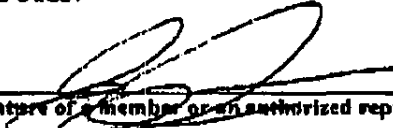
MGR

EMERSON CARMONA
4908 - C SW 72ND AVENUE
MIAMI, FL 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 30, 2008 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

EMERSON CARMONA

Typed or printed name of signee

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